

## PROCEDURE

### LHD CORRECTIVE PLANS OF ACTION

#### PURPOSE

The purpose of this policy is to specify the sections' procedure for responding to local health departments (LHDs) corrective plans of action to comply with the minimum program requirements.

#### BACKGROUND

Under the Michigan Local Public Health Accreditation Program, a corrective plan of action (CPA) is due 90 days after the completion of the field evaluation. A corrective plan of action is required for each MPR Indicator not met during evaluation (Important Indicators do not require a CPA).

#### CPA REVIEW STANDARD

A CPA is required for each unmet indicator. The CPA should include (1) the specific steps taken to correct all of the deficiencies in MPR Indicators noted during the accreditation review; (2) each step the LHD is taking to prevent the recurrence of similar deficiencies; (3) new policies and procedures where appropriate; and (4) if the corrective action is not completed, the time within which the correction will be completed.

Upon review of a CPA, the LHD should be provided the benefit of the doubt concerning the effectiveness of their plan. Disapproval of a CPA should be made only for major deficiencies.

#### COURTESY LETTERS

When a LHD fails to submit a corrective plan of action within the *routine* required time, a Courtesy Letter will be issued by the Evaluation Officer between 10 - 20 days after the missed deadline.

#### ADVISORY LETTERS

When a CPA is insufficient, an Advisory Letter explaining those deficiencies will be issued by the Evaluation Officer.

#### LHDS REQUESTS FOR RE-EVALUATION OF UNMET INDICATORS

It is the local health department's responsibility to notify MDA when they are ready to schedule their follow-up evaluation. The LHD is expected to do all of the following:

1. **Written Request.** Submit a written request by the responsible agency official to the MDA Evaluation Officer.
2. **Date of Full Compliance.** Specify the date each CPA was fully implemented and achieved compliance with the applicable MPR Indicator.

**LHDS REQUESTS FOR RE-EVALUATION cont.**

3. **Minimum Compliance Period.** Verify that the CPA has been in place for sufficient time to demonstrate compliance with the applicable MPR Indicator (minimum 90 days).
4. **Sufficient Documentation.** Assure MDA that the LHD has sufficient reports, licenses, documents, activities, etc., to demonstrate compliance.

**Local Health Department Promptness.** Local health departments should be advised that they are responsible for implementing their CPAs in a prompt manner. A delay in implementing a corrective plan of action may leave a LHD with inadequate time to demonstrate compliance prior to the accreditation program's deadlines.

The re-evaluation review examines records from the date of the LHD specifies that their CPA was fully implemented and achieved compliance with the applicable MPR Indicator. Therefore, the LHD must implement their CPAs promptly to provide a minimum of 90 days of compliance prior to requesting a re-evaluation.

**FLOWCHART ON ACCEPTANCE OF CPAs****I) Submission Deadline**

- A) **Standard Procedure.** A LHD is expected to begin corrective plans of action immediately after the field evaluation. A LHD should submit their CPAs as soon as possible, however, a CPA is due no later than 90 days after the field evaluation. The LHD sends the original CPA to MPH and a copy to MDA.
- B) **Exigent Circumstances.** MDA may request a LHD expedite their submission of their CPA and send their CPA directly to MDA when the deviations from the MPRs were so serious that more immediate action is required. Exigent circumstances include:
  - 1) Public health and welfare may be endangered by a delay in correction of deficiencies.
  - 2) Fraud, intentional misfeasance, or intentional malfeasance.

Prior to MDA requesting an LHD submit an expedited CPA,

- (a) The Section Manager and Division Director will approve the action;
- (b) MDA will contact DEQ and MDCH to advise them of the circumstances.

**II) CPA Received**

- A) CPA review by field evaluators within 10 working days.
- B) CPA **acceptable** → Acceptance Letter sent by Evaluation Officer.
- C) CPA **unacceptable** → Advisory Letter sent by Evaluation Officer notifying LHD of insufficiencies.

**III) CPA Submission Date Missed**

- A) No CPA Received → Courtesy Letter from Evaluation Officer 10 - 20 days after the deadline.
- B) No Response to Courtesy Letter → Warning Letter (see procedure on Warning Letters).

**LETTER FORMAT**

Courtesy and Advisory Letters can vary in form, style, and content to provide the flexibility needed to accurately and effectively state the nature of the deficiencies encountered, and the response expected of the recipient of the letter. Nevertheless, the elements listed below are common to Courtesy and Advisory Letters:

Title [optional]: ADVISORY LETTER or COURTESY LETTER

1. Issued by the Evaluation Officer, Section Manager, or higher agency official.
2. Issued to the responsible individual who, based on currently available evidence, appears to be most closely related to the violation, to that person's superior (generally, the environmental health director and the health officer). Each person in the LHD issued a copy is identified on the letter.
3. The dates of the field evaluation and a description of the noncompliant condition or practice in brief, but sufficient detail to provide "prior notice" and permit the respondent to take corrective action. Citation of the section of the law or MPR violated is not required.
4. A request for correction and a written response within a specific period of time after date of receipt of the letter, usually twenty-one (21) calendar days. The recipient should be offered an opportunity to discuss the content of the letter with the evaluation officer, or when appropriate, with division management.
5. Instructions, as appropriate, that the response include (1) each step that has been or will be taken to completely correct the current deviation and to prevent the recurrence of similar deviations; (2) the time within which correction will be completed; (3) any reason why the corrective action has not been completed within the response time; and (4) any documentation necessary to show that correction has been achieved.
6. Name and telephone number of the Evaluation Officer, to whom the response should be addressed.

**DISTRIBUTION**

Advisory Letters should be distributed as follows:

1. Original - Addressee(s)
2. One copy each to:
  - Food and Dairy Division Director
  - Food Service Sanitation Section Manager
  - Evaluation Officer

Each person identified on the Warning Letter  
Michigan Local Public Health Accreditation Program  
MDCH  
MDEQ  
File

**Acknowledgement of Response to a Courtesy and Advisory Letter** -- It is the Section's general policy that responses received to courtesy and/or advisory letters should be acknowledged with an appropriate written response.

**COURTESY LETTER**

*{date}*

*{Health Officer}*  
*{Environmental Health Director}*  
*(LHD Complete Address)*

Dear *{Addressee}*:

Subject: **Request for Your Agency's Corrective Plan of Action**

Your agency's food service sanitation program was evaluated on {date} by an MDA representative as part of the Michigan Local Public Health Accreditation review. The evaluation revealed that your agency was not in conformance with the Minimum Program Requirements (MPRs), as required by Michigan Food Law, P.A. 92 of 2000. The noncompliance found includes the following:

*[List of noncompliances appears here]*

MDA awaits your agency's submission of a corrective plan of action. Your plan must address in writing the specific steps you have taken to correct all of the deficiencies in MPRs and Indicators noted during your accreditation review; each step your agency is taking to prevent the recurrence of similar deficiencies; and new policies and procedures where appropriate.

Please send your response to me. If your agency is unable to complete the corrective plan of action within **twenty-one (21) calendar days**, you should state the reason for the delay and the time within which the corrections will be completed. If you have any questions regarding this letter or how to ensure you are meeting the Minimum Program Requirements, please telephone me at (517) 241-0140.

Sincerely,

Vito Palazzolo, Evaluation Officer  
Food Service Sanitation Section  
Food and Dairy Division

NDF:VAP:khg

cc: Neal D. Fortin, Manager, Food Service Sanitation Section  
Trina Pyron, Project Coordinator, Michigan Local Public Health Accreditation Program

**ADVISORY LETTER**

*{date}*

*{Health Officer}*

*{Environmental Health Director}*

*(LHD Complete Address)*

Dear *{Addressee}*:

Subject: **Insufficient Corrective Plan of Action**

Thank you for submitting your Corrective Plan of Action for deficiencies in the food service sanitation program Minimum Program Requirements (MPRs). Unfortunately, this Corrective Plan of Action is not sufficient because it does not adequately address the following:

***1. [Brief listing of deficiencies]***

MDA awaits your resubmission of a Corrective Plan of Action in response to your evaluation as part of the Michigan Local Public Health Accreditation review. To receive MDA approval, your corrective plan of action must specifically address in writing:

- The specific steps you have taken to correct all of the deficiencies in MPRs and Indicators noted during your accreditation review;
- Each step your agency is taking to prevent the recurrence of similar deficiencies; and
- New policies and procedures where appropriate.

Please send your response to me. If your agency is unable to complete the corrective plan of action **within 21 days**, you should state the reason for the delay and the time within which the corrections will be completed. If you have any questions regarding this letter or how to ensure you are meeting the Minimum Program Requirements, please telephone me at (517) 241-0140.

Sincerely,

Vito Palazzolo, Evaluation Officer  
Food Service Sanitation Section  
Food and Dairy Division

NDF:VAP:khg

cc: Neal D. Fortin, Manager, Food Service Sanitation Section  
Trina Pyron, Project Coordinator, Michigan Local Public Health Accreditation Program

*{date}*

*{Health Officer}*

*{Environmental Health Director}*

*(LHD Complete Address)*

Dear *{Addressee}*:

**Subject: Date for Follow-Up Review of MPRs**

Your department's Corrective Plan of Action, dated *{date}*, for Section H: Food Service Sanitation, was reviewed and accepted. You were advised of our acceptance on *{date}*.

In accordance with the accreditation procedures, a follow-up review needs to be conducted by MDA staff within a one-year period or less from that date. All MPRs that were not met will be reviewed for compliance.

**It is the local health department's responsibility for implementing their corrective plan of action in a timely manner and scheduling the follow-up evaluation at a sufficient time after the corrective plan is implemented to demonstrate compliance with the MPRs.**

If you have any questions, please telephone me at (517) 241-0140.

Sincerely,

Vito A. Palazzolo  
Evaluation Officer  
Food Service Sanitation Section  
Food and Dairy Division

VAP:khg

cc: Neal D. Fortin, Manager, Food Service Sanitation Section  
Trina Pyron, Project Coordinator, Michigan Local Public Health Accreditation Program

*[date]*

*{Health Officer}*

*{Environmental Health Director}*

*{Health Department}*

*{Complete Address}*

Dear *{Addressee}*:

**Re: Acceptance of Your Corrective Plan of Action**

We have received and reviewed your agency's corrective plan of action, dated *{date}* for Section H: Food Service Sanitation. Your corrective plan of action is accepted as submitted.

In accordance with the accreditation procedures, MDA staff will conduct a follow-up review within a one-year or less from the date of this letter. At that time, all MPRs that are not presently met will be reviewed for compliance.

**Note:** it is the local health department's responsibility to notify MDA when you are ready to schedule your follow-up evaluation. Please notify me by the written request of the responsible agency official. The notification should specify the date the corrective plan of action was fully implemented and verify that the corrective plan of action has been in place for sufficient time to demonstrate compliance with the requirement (minimum 90 days). Please assure that there are sufficient reports, licenses, documents, etc., to demonstrate compliance.

If you have any questions, please call me at (517) 241-0140.

Sincerely,

Vito A. Palazzolo  
Evaluation Officer  
Food Service Sanitation Section  
Food and Dairy Division

VAP:khg

cc: Neal Fortin, Manager, Food Service Sanitation Section  
Trina Pyron, Project Coordinator, Michigan Local Public Health Accreditation Program



CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

*{date}*

*[MOST RESPONSIBLE INDIVIDUALS: CHAIR, BOARD OF HEALTH/COMMISSION; HEALTH OFFICER; ENVIRONMENTAL HEALTH DIRECTOR*

*TITLE*

*LHD NAME*

*LHD'S COMPLETE ADDRESS]*

Dear *{Addressee}*:

Subject: **Request for Your Submission of a Corrective Plan of Action**

Your agency's food service sanitation program was evaluated on *{date}* by an MDA representative. The evaluation revealed that your agency was not in conformance with the Minimum Program Requirements (MPRs), as required by Food Law of 2000, P.A. 92 of 2000. The noncompliance found includes the following:

*[Brief List of noncompliances appears here]*

You should not consider the above deficiencies as an all-inclusive list. The specific deficiencies noted above appeared on your On-Site Review Summary, which was discussed with *[person & date]* at the close of the review and a copy will be mailed to your agency. These deficiencies may be symptomatic of serious underlying problems that could compromise the quality and effectiveness of your agency's food safety regulatory program.

It is your responsibility to ensure adherence to each requirement specified in the Food Law of 2000, P.A. 92 of 2000. You are responsible for investigating and determining the causes of the deficiencies that the review identifies, and promptly initiating permanent corrective actions. If your agency fails to promptly correct these deficiencies in the Minimum Program Requirements, MDA may, without further notice, initiate further action.

Within thirty (30) calendar days after receiving this letter, you should notify MDA in writing of:

- ☐ The specific steps you have taken to correct all of the violations noted in this letter;
- ☐ Each step your agency is taking to prevent the recurrence of similar deficiencies; and
- ☐ New policies and procedures where appropriate.

If your agency is unable to complete the corrective action within thirty (30) calendar days, you should state the reason for the delay and the time within which the corrections will be completed.

Please send the original copy of your response to Vito Palazzolo, Evaluation Officer, Food and Dairy Division, Michigan Department of Agriculture, P.O. Box 30017, Lansing, Michigan, 48909. If you have any questions regarding this letter or how to ensure that you are meeting the Minimum Program Requirements, please call Mr. Palazzolo at: (517) 241-0140.

Sincerely,

Katherine Fedder, Director  
Food and Dairy Division

NDF:VAP:khg

cc: Neal D. Fortin, Manager, Food Service Sanitation Section  
Trina Pyron, Project Coordinator, Michigan Local Public Health Accreditation Program